

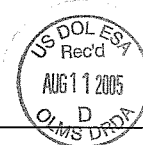
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - <u>5888</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>William</u> <u>J</u> <u>Schmitz</u> P.O. Box, Bldg., Room No., if any Street <u>1775 K Street, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	4. Name, file number, and address of labor organization. Name <u>UPCW Int'l Union</u> Labor Organization File Number <u>000-056</u> P.O. Box, Building and Room Number, if any Street <u>1775 K Street, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization. <u>Vice President and Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Kraft Foods, Inc.</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>Three Lanes Drive</u> City <u>Northfield</u> State <u>Illinois</u> ZIP Code + 4 <u>60093</u>	7.a. Nature of Interest, Transaction, or Income. <u>cheese; amount in 7.b. is approximate.</u> 7.b. Amount. <u>\$40</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/8/05
Date

202-466-1566

Telephone Number

Name of Person Filing William Schmitz	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Wyeth Coordinated Bargaining Retirement Plan
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 5 Giralda Farms
City Madison
State New Jersey ZIP Code + 4 07940

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

11.a. Nature of such dealing.

Trust receives income from contributions made pursuant to collective bargaining agreements and pays benefits to plan participants. Amount is 11.b. represents plan contributions.

11.b. Approximate dollar value of such dealing. \$6,700,000

12.a. Nature of interest held or income received.

business lunch; amount in 12.b. is approximate.

12.b. Amount. \$40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing William Schmitz	File Number U-
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Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name **Swift and Company**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. Box 337570**

Street

City **Greeley**

State **Colorado** ZIP Code + 4 **80633**

7.a. Nature of Interest, Transaction, or Income.

product samples; amount in 7.b. is approximate.

7.b. Amount.

\$70

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name **Wyeth**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **5 Giralda Farms**

City **Madison**

State **New Jersey** ZIP Code + 4 **07940**

7.a. Nature of Interest, Transaction, or Income.

product samples (most were distributed to union's clerical employees); amount in 7.b. is approximate.

7.b. Amount.

\$75

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.